

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
**P.O. BOX 2121**  
**HONOLULU, HI 96805**  
**HSTA VB RETIREES**  
**EFFECTIVE JANUARY 1, 2014**

**Monthly  
Premium**

**1A MEDICAL/PRESCRIPTION DRUG/CHIRO/VISION Kaiser**

- |                           |                          |            |
|---------------------------|--------------------------|------------|
| A. Non-Medicare - Self    | <input type="checkbox"/> | \$620.44   |
| B. Non-Medicare - 2-Party | <input type="checkbox"/> | \$1,252.26 |
| C. Non-Medicare - Family  | <input type="checkbox"/> | \$1,844.42 |
|                           |                          |            |
| D. Medicare - Self        | <input type="checkbox"/> | \$391.68   |
| E. Medicare - 2-Party     | <input type="checkbox"/> | \$764.10   |
| F. Medicare - Family      | <input type="checkbox"/> | \$1,129.70 |

If you are enrolled in HMSA, complete section 1B and 1C

**1A** \$ \_\_\_\_\_

**1B MEDICAL/CHIRO/VISION HMSA**

- |                           |                          |            |
|---------------------------|--------------------------|------------|
| A. Non-Medicare - Self    | <input type="checkbox"/> | \$458.00   |
| B. Non-Medicare - 2-Party | <input type="checkbox"/> | \$892.78   |
| C. Non-Medicare - Family  | <input type="checkbox"/> | \$1,320.84 |
|                           |                          |            |
| D. Medicare - Self        | <input type="checkbox"/> | \$217.26   |
| E. Medicare - 2-Party     | <input type="checkbox"/> | \$423.86   |
| F. Medicare - Family      | <input type="checkbox"/> | \$625.64   |

Select one plan and enter premium amount

If you selected a plan in 1A, do not complete this section

**1B** \$ \_\_\_\_\_

**1C PRESCRIPTION DRUG**

- |                           |                          |          |
|---------------------------|--------------------------|----------|
| A. Non-Medicare - Self    | <input type="checkbox"/> | \$145.92 |
| B. Non-Medicare - 2-Party | <input type="checkbox"/> | \$284.20 |
| C. Non-Medicare - Family  | <input type="checkbox"/> | \$421.38 |
|                           |                          |          |
| D. Medicare - Self        | <input type="checkbox"/> | \$150.04 |
| E. Medicare - 2-Party     | <input type="checkbox"/> | \$292.14 |
| F. Medicare - Family      | <input type="checkbox"/> | \$433.16 |

Select one plan and enter premium amount

If you selected a plan in 1A, do not complete this section

**1C** \$ \_\_\_\_\_

**2 DENTAL HDS**

- |                       |                          |         |
|-----------------------|--------------------------|---------|
| Non Medicare/Medicare |                          |         |
| Self                  | <input type="checkbox"/> | \$31.88 |
| 2-Party               | <input type="checkbox"/> | \$62.16 |
| Family                | <input type="checkbox"/> | \$76.16 |

Select one plan and enter premium amount

**2** \$ \_\_\_\_\_

**3 Add lines 1 and 2**

**3** \$ \_\_\_\_\_

**4 EMPLOYER CONTRIBUTION**

- |                           |                          | 0%     | 50%                                 | 75%                                 | 100%                                |
|---------------------------|--------------------------|--------|-------------------------------------|-------------------------------------|-------------------------------------|
| A. Non Medicare - Self    | <input type="checkbox"/> | \$0.00 | <input type="checkbox"/> \$368.30   | <input type="checkbox"/> \$552.44   | <input type="checkbox"/> \$736.60   |
| B. Non Medicare - 2-Party | <input type="checkbox"/> | \$0.00 | <input type="checkbox"/> \$742.36   | <input type="checkbox"/> \$1,113.54 | <input type="checkbox"/> \$1,484.72 |
| C. Non Medicare - Family  | <input type="checkbox"/> | \$0.00 | <input type="checkbox"/> \$1,086.52 | <input type="checkbox"/> \$1,629.80 | <input type="checkbox"/> \$2,173.06 |
|                           |                          |        |                                     |                                     |                                     |
| D. Medicare - Self        | <input type="checkbox"/> | \$0.00 | <input type="checkbox"/> \$262.36   | <input type="checkbox"/> \$393.54   | <input type="checkbox"/> \$524.72   |
| E. Medicare - 2-Party     | <input type="checkbox"/> | \$0.00 | <input type="checkbox"/> \$525.84   | <input type="checkbox"/> \$788.78   | <input type="checkbox"/> \$1,051.70 |
| F. Medicare - Family      | <input type="checkbox"/> | \$0.00 | <input type="checkbox"/> \$765.88   | <input type="checkbox"/> \$1,148.84 | <input type="checkbox"/> \$1,531.78 |

Check your medical selection on line 1. (For example, if you selected 1A, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%).

**4** \$ \_\_\_\_\_

**5 Line 3 minus line 4, enter the AMOUNT YOU OWE monthly**

**5** \$ \_\_\_\_\_

**Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF.**